Please type	a plus sign	(+) inside t	his box	→	+

Please type a plus sign (+) inside this box 

+ Approved for use through 10/31/2002. OMB-0651-0033

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

Substitute for form 1449A/PTO

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet of

Со	1EF	0 2	
Application Number	09/887.277	1	~>
Filing Date	06/21/01	8	0
First Named Inventor	DELACK, E.	20	)1
Group Art Unit	1615	<u> </u>	
Examiner Name		8	
Attorney Docket Number	P1036		

汇					U.S. PATENT DO	CUMENTS	
	aminer ials	Cite No.1	Number .	Name	of Patentee or Applicar of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
$\mathbb{Z}$	$\sqrt{N}$	AA	6,071,889	Wei	55 et al.	06-06-00	
		AB	6,025,395		tner et al.	02-15-00	
		AC	5,889,033		niNSKi	03-30-99	
		AD	5,821,259		harides	10-13-98	/
L		AE	5, 180, 026		hi et al.	67-14-98	
L	$\perp$	AF	5,672,622	Hea	lgepeth.	09-30-97	
L		AG	4,769,322	Hen	ryetal.	09-06-88	
L		AH	4,705,685		Michael	11-10-87	
L		AI	4,521,405	ma	michael	06-04-85	
$\mu$	11/1	AJ	5,264,459	Chel	<u>micka-Schorr</u>	11-23-93	
L							
┡							
<u> </u>							X
<b>L</b>					<del> </del>		/\
L							
$\vdash$					·		
$\vdash$							<del></del>
$\vdash$						<del></del>	•
$\vdash$							
			l				

					FOR	EIGN PATENT DOCUMENT	rs			
Examiner Initials	Cite No.1	Office <sup>3</sup>	Foreign Pate Number		ent Kind Code <sup>5</sup> (if known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns Where Rele Passages or Re Figures App	vant elevant	T6
AY-N	AK	h	1095,289	926 A		Schering; Perez	11-02-95	٩	n	
	AL	u	1098,02	165 A		Jarmel: Nicada In	01-22-98		/	
	AM		1091,001			DAKLAB AS	01-24-91		/	
A~~	AN	В	B 903 8	66 A		Laboratories Dausse	,			
,			<u>,                                     </u>					-		_
		$\vdash$						<del></del>		₩
<u> </u>		-			_		<u> </u>	$-\!\wedge$		├—
			<del></del>					/		┢
			<del></del>		_					₩
	I	1 1					1			ı

		<u>^</u>			
Examiner	A 11 4	/	Date	11/1	10/10
Signature	to the	$\mathcal{M}_{\mathcal{M}}$	Considered	1721	11.00

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

<sup>&</sup>lt;sup>1</sup> Unique citation designation number. <sup>2</sup>See attached Kinds of U.S. Patent Documents. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

	) inside this box →   uction Act of 1995, no persons are required to re	U.S. Patent and Tradema	ed for use through 10/31/2002.	OF COMMERC	
Substitute for form			mplete if Known	N N	J C
		Application Number	09/887,277	EFF.	$\Box$ $\dot{m}$
" ്⊈∖INFORM	ATION DISCLOSURE	Filing Date	06/21/01		<u> </u>
MIN STATEM	ENT BY APPLICANT	First Named Inventor	DELACK, Ela	in S	<b>山</b> く
ا ا ا		Group Art Unit	1615	2 2	<u>_m</u>
(use	as many sheets as necessary)	Examiner Name		92	

Attorney Docket Number

Sheet

of

P1036

		OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS	
Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²
bW	A0	Management of Multiple Scherosis - Jonez, M.D. (MAY 1952-05 Pages 415422)  TRANSdermal Histamine IN Multiple Sclerosis- GILSON, G. (Dec. 1999, pgs 424-428)	
ANS	AP	TRANSdermal Histamine IN Multiple Sclerosis- GILSON, G. (Dec. 1999, pgs 424-428)	
i			

Examiner Signature Date Considered 2/19/12

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Unique citation designation number. 2 Applicant is to place a check mark here if English language Translation is attached.